TO FUNERAL DIRECTOR: A should be detached for use with the State Dept, of Hea

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

MPOSTANT, II III

STATE OF MARYLAND

CERTIFICATE OF DEATH

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8/	REGISTRAR		,	CHILICA	IL OF DEATH	REG. N	0		
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1. SEX		4 RACE	5.	DATE OF B		4. AGE IN HARS LAST BE		PUNCES HEAT	# UNDER TA HES
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a BIR	THPLACE THEFT OF FORLOW		WHAT COUNTRY? &	AARDEO F	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	-
	aryland	USA		IDOWED!	DIVORCED [Worceste	er		MI
	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H		THER INSTITUTION	17s USUAL OCCUPAT	ION		BUSINESS OF
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	L'RESIDENCE LIFTURSHICHDA	OUNTY		AREADNO.		134 STREET ADDRESS	/ ZIP CODE		
Mai	Brother Control	rcester	Pocomoke	100	EST NO	917 Secor		ceet	21851
	HER'S NAME	- DOG	(ASI	15.	MOTHER'S MAIDEN NAM	ME #DDU		465	
1	James	Herbert	Hayman		Bessie	Lee		Parker	
	AS DECEASED EVER IN U.S	ARMED FORCEST	166 SOCIAL SECURITY	I NO. 17.	INFORMANT	917	Secon	nd Stre	oot
	no		218-20-5	933	Maurice Br		moke	City,	Md.
T	IL CAUSE OF DEATH Ente	er only one couse per	ling for 101, (b), and is	4		10 10 11 12 T			ATE PUTERVAL HTARO GHA TED
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	words work that	the state of the s	R AS A CONSEQUENC	EOF					
- 1	Conditions, if any, which gave rise to immediate								
	couse (a), stating the	DUE TO .O	R AS A CONSEQUENC	E OF					
	underlying couse lost	((0)							
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE TERM	INAL DISEASE OF CON	IDITION GIVE	N IN PART 1:0	
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	saw the deceased alle	200 8-6	190	7 and 1	hat in (ny) (our) opinion	death accurred on the d	late and hour	and from the co	pours stated
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	THE HAYSICIAN'S NAME IT	THE CRIPRINTS		122	ADDRESS				
	J. G. Sa	ntiano,	Md.		Pocom	oke City,	Md.		
	URIAL CREMATION, REMO			AE OF CEM	ETERY OR CREMATORY	234 LOCATION		0.000	7074
19	Burial	8/9/	87 Sal	em M	ethodist C	em - Pocomo	ske We	rceste	er Md.
24 FU	NERAL DIRECTOR	1 0/ 5/		CIII PI		E REC'D. BY REGISTRAL			
0	TE M	00-	ADDRESS.	01.	Ma AU	6121987	Julia D	Tindum Po	. Jaka
-	0012/1/1	wan	Pocomoke	CITY	, Md.		17 10	Ka	- Charles

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE · * REGISTRAR DECEASED NAME 20. DATE KNOWN LIYPE OR PRINTS ESTA COOKE KATHERINE ALTCE DEATH MATED 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2c DATE 66 BIRTHDAY PRONOUNCED June 26, 1921 FEMALE WHITE DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED WORCESTER U.S.A. New Jersey CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Health Care NITTS (COF WORKING LIFE) 20th Street WESTEBATTImore Ave. OCEAN CITY ISUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 139 STREET ADDRESS 13 VYTY 29 ISWA Cumberland Terrace New Jersey YESXX FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Katherine MIDD18 DeStefano DiMatteo Joseph 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 949 SimeassTerrace Eugene Cooke 08360 137 14 5674 Vineland, NJ 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF CATE, WRITING THE WORD "PENDING" IN PENCIL IN PENCIL IN FORWARDED TO THE CHIEF MEDICAL EXAMINER A OR: 9 SHOULD BE USED AS A BURIAL - TRANSIT HE STATE DEPARTMENTOF HEALTH AND MENTAL HY IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO arcinoma o 190 DATE OF OPERATION 2D AUTOPSY? 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INTURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OF TOWN COUNTY STATE EXECUTE THE CERTIFICATE.) PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P) AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Inspection ond in my opinion deoth resulted from Noturol couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME PETER S. NBBOTT M.D. PO. BOX 32 BERLIN, MARYLAND 21811 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Hammonton, Atlantic, New STATE Greenmount Cemetery 8/5/87 BURIAL 24 FUNERAL DIRECTOR PATE REC'D. BY REGISTRAR'S SIGNATURE

Divideon Pandace

108 Wildmans St.

Berlin, MD

21811

I. Kirk Burbage

(VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

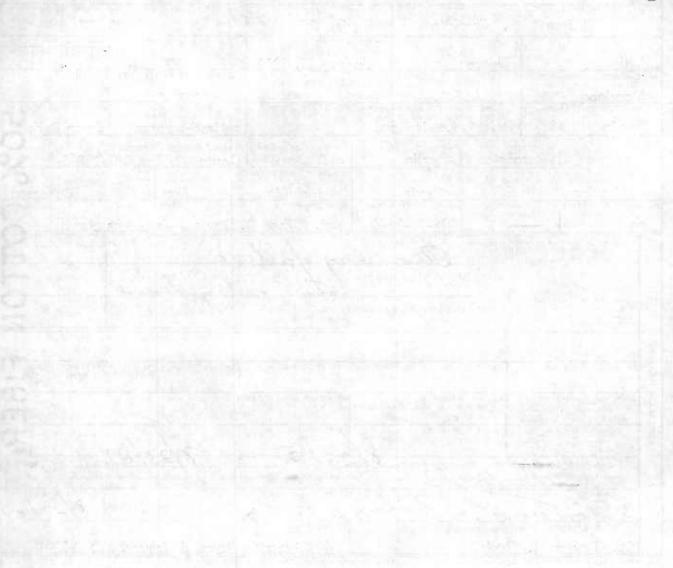
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	J	OLLEY ME	MOR	IAL CHA	APEL Sal	isbury	, MD 2180 SE	1 1987	Jule	ia Dani	gern-K	andall	

DHMH - 16 60M 7/84

TO HOSPITAL

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36 REGISTRAR'S SIGNATUR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BEATH

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G. NO				

63606 AUG 25	FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	REG. NO	1 6
# C.E	I DECEASED NAME FIRST (TYPE OR PRINT) Edward	N.ELSON	Gault	20. DATE OF DEATH MONTH	20 1987 11:26 RM
on the control of the	3. SEX Male	White	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
0 35	MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT Worcester	Y OF DEATH
190	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Mail Carrier	12) KIND OF BUSINESS OR POSTAL
21 Page 12	TATE TAL COUNTRY OF THE TATE	Berlin Nursing I OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t, CITY OR TOWN Orcester Berlin	ADMISSION) 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	Berlin, 21811
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ficore b sport sport sent, the	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per log for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
201 W. PRESTON S es that the death cer ned by the attending please remove curbo unct cremation or in	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF .	NINAL DISEASE OR CONDITION G	VEN IN PARI IIO
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TTENDIN pitol or TTENDIN For use o of Health	27a I certify that (I) (this hasping saw the deceased alive on	attended the deceased from 19 Color of the deceased from 19 Color	ond that in (my) (our) opinion	death occurred on the date and ha	19 that (we) lost ur and from the causes stated
At OR A the hos at DiREc etoched of Dept	226 SIGNATUJE	,) Cum	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	82187
HOSPIT barned by D FUNER rould be a df the Sta	Federico Arth		3 Bay St.,	Berlin, Md. 218	11
BP	23a BURIAL, CREMATION, REMOVAL BURIAL	8/23/87 E	AME OF CEMETERY OR CREMATORY Vergreen Cemetery	Berlin Worce	ster Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	W. Kirk Burbag	e Berlin, MD ⁵⁵		E REC'D. BY REGISTRAR 25 REGIS	TRANS SIGNATURE

USED /

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(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEIE

DECEASED NAME 20 DATE KNOWN OF DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED 8-17-8710 5PM " DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Worcester County WIDOWED [CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) Ocean City North Division&1st Street-on the beach 2166 EUALS CON 13d. INSIDE CITY LIMITS? FALLS CHUNCK YES INO [FLORENCIO LOMEZ 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS THE OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH LAM P.M. 8-16-87 19 subject drowned 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) North Division&1sto Ocean City; Maryland WHILE AT WORK on the beach 22a I certify that I look charge of the remains described above, held on and in my opinion Acident X death resulted from Natural causes L Hamicide _____ Undetermined manner TITLE (SPECIFY) Assistant 8-18-87 SIGNATURE Charles P. Kokes, M.D. ADDRESS. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CEMETERIO ZENEPA EREQUAYQUIM, USULATAN 6161 LEESBurg 130. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR

STATE OF MARYLAND

1	12	FOR		DEPARTMENT OF	HEALTH AND MENTAL	HYGIENE	
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T A R S R			cester	Pocomoke			et Street 2185
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E05549	23c. B	URIAL, CREMATION, REMO	VAL 236 DATE			23d. LOCATION	COUNTY STATE
BP		Burial	8/7/87	First	Baptist Cem.	. Pocomoke	Worcester Md.
DHMH - 17	24 F	A	. 1		75a. DAT	E REC'D BY REGISTRAR 254	REGISTRARS SIGNATURE
	15	1045 M			ity, Md. Alle-	1 7 1301	
	TO MEDICAL EXAMINES, THIS CRITICATE EXECUTE THE CERTIFICATE WRITING THE WARGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PACE 3 SHOULD AFTER DEATH WITH THE STATE DEPARTMENT OF THE SHOULD SHOULD SHOULD SHOULD SHOW	TO FINITE CHAIR STREAM SETTING THE WORD "PENDING" RECURS AFTER DEATH. IF ANY DELAY IS NECESSARY. PLEASE TO THE CHAIR STRING THE CHIEF MEDICAL ENGINE MEDICAL CREMATION OF WITH LEGISLA OF MEDICAL CERTIFICATION MEDICAL CREMATION OF WITH MEDICAL CREMATION OF WITH MEDICAL CERTIFICATION MEDICAL CREMATION OF WITH	TABLE OF DEATH IN THE PROPERTY OF THE PROPERTY	THE REGISTRAR THE RE	THE CALLES ON AME STATE S	STATE MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S MEDICAL EXAMINER'S CERTIFICATION MARRIED MEDICAL EXAMINER'S CERTIFICATION MARRIED MEDICAL EXAMINER'S MEDICAL EXAMINER'S CERTIFICATION MARRIED MEDICAL EXAMINER'S NAME MODICAL EXAMINER'S NAME MEDICAL EXA	MEDICAL EXAMINER'S CERTIFICATE OF GAT RESTORED NAME TOTAL EXAMINES NAME TOTAL EXAMINER'S CERTIFICATE OF GAT RESTORED NAME TOTAL EXAMINER TOTAL EXAMINER TOTAL EXAMINER TOTAL EXAMINER RESTORED NAME TOTAL EXAMINER TOTAL EXAMINER TOTAL EXAMINER RESTORED NAME TOTAL EXAMINER TOTAL EXAMINER TOTAL EXAMINER RESTORED NAME TOTA

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062828 AUG 1787

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(Full			

	DEC	EASEDNAME	FIRST	1	MIDDLE	{	AST	2a. DATE OF DEAT	H MONTH D	AY YEAR	2b HOUR
	LIAME	OR PRINT)	JOHN	SELB	Y H	IUDSON	, SR.	August 9,	1987		12:15A _M
	1. SE)			4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS IAS		IF UNDER ! YEAR	IF UNDER 24 HRS
	Ma	The state of the s		White		Augus	t 7, 1898	89	YRS.		
\$34		ryland	TE OR FOREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	Worcest		OF DEATH	
00	0 CI	TY OR TOWN OF		11. NAME OF H	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A Teet (Wha	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MC Diesel Me	PATION DST OF WORKING LIFE	126 KIND C INDUSTRY Light	Power &
35	130. S Ma	ryland	13b. COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Whaleysv	N	134 INSIDE CITY LIMITS?		SS / ZIP CODE Whaley	sville,	, MD 21872
23	FA	JOHN		EAN	HUDSON	ı	KATHERINE	WIDDI		POWELI	
/	16a W	AS DECEASED E	VER IN U.S. AR	MED FORCES? E WAR OR DATES)	216 10 5		John Selby	Hudson, Jr	ODRESS 419 V Salis	Vinder bury,	St. Md. 21801
1		18 CAUSE OF D	EATH Enter on	ly ane couse per D BY	line far (a) (b), and		Inonay a	red.		BETWEEN	IMATE INTERVAL ONSET AND DEATH
r fresumatic s	1	Conditions, if gave rise to couse to, s	any, which	(b)		Ever	COPD				
o alle		underlying c	ouse last.	(c)_	R AS A CONSEQUE		phyposia				
Milary	NOI	PART 2 OTHER	SIGNIFICANT	Amp	sutation	A	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIVE	N IN PART 11	5
1	RTIFICAT	190 DATE OF OP		196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY	WERE FINDING CAUSES	
9	CAL CE	210 ACCIDENT WAS OR CONTRIBUTING		1111	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OF PART 2}	
1	MEDIK	21d INJURY OC	CURRED	21e PLACE (OF INJURY REET FACTORY OFFICE FA	ARM ETC)	211 LOCATION 9/22/75	10/9/86	DR TOWN	COUNTY	STATE
21 is mo		22a I certify the	ot (1) (this has	(a) attended the	e deceased from	**************************************	d that in (my) opinion	death accurred on the	ne date and hour		that (I) Ne) lost
# F		226 SIGNATU			eseval	(DEGREE ATTENDING PHYSICIAN	MEDICAL STREET	STAFF YSICIAN []	22c DATE	SIGNED
POSTAN		Dr. Bal		rwal, M	1.D.		22e ADDRESS	ern Shore		isbury	, MD 21801
		URIAL, CREMATI			23c. N		EMETERY OR CREMATORY Memorial Park	23d LOCATION			
M 7/84		Kirk Bu			liams St.		250. DA	TE REC'D. BY REGISTI			URE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	2	13	7	
DEC	NO			

63600 4	UG 2	5 8	FOR STATE REGISTRAR		DEPAI		EALTH AND MENTA	Lane 2	REG. 1	2 4	71	č.
		1. DE	CEASED NAME FIRST		MIDDLE	Ĺ	AST	20.	DATE OF DEATH	MONTH C	DAY YEAR	2h HOUR
4 40			Maud	le	E.	Huds	son			8 1	9 87	8:20 Am
I mo	T	3.5E		4. RACE		5. DATE C		6. A	GE JIN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	-	2	Female		ite	9		18	68	YRS		
4 30	26%		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTR	MARRIE	NEVER MARRIE	ED G 9 B	ALTIMORE CITY		OF DEATH	
1 15	32		MD		USA	WIDOWE			Worcest		1	MD
1 de 1 de 1	XO	0	Berlin	Berlin	Nursing	Home,	Berlin, M	(TY	USUAL OCCUPA PE OF WORK FOR MOST Homemake	OF WORKING LIFE		OF BUSINESS OR
TO THE STATE OF TH	16	13a S	DE Su	LE OR OTHER INSTITUTION OUNTY	134 CITY OR TO	NWC	13d INSIDE CITY LIM YES [X NO [STREET ADDRESS D 2, BOX		elbyvi	lle, DE
1	WM	2	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAID	DEN NAME	MIDDIE		LAS	it .
3 (3 3 3 3)	10	7.	Joshua	Ebe	Jones		. Emm	na	Eliz	abeth	We	st
TWORE TO SEE	13		VAS DECEASED EVER IN U.S. res, no or unknown] [IF YES NO	GIVE WAR OR DATES)	221-09-		Elwood H.	Huds			Delaw	are
RESTON ST., BA e death certificate e attending physic move carbonage move carbonage	Haumatic event, II	18 M	Conditions, if any, which gave rise to immediate	DUE TO,	CF4 OR AS ADONSEG	DUENCE OF E	snenst	b1	Inter	N		imaté interval Onsét and déath
EECORDS, 201 W. low requires that to to been signed by the emit. Then please.	and an inches	HCATION	couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAT	nt conditions (CONTRIBUTING T	O DEATH BUT	9	HE TERMINAI	DISEASE OR COM	206 IF YES		NGS USED
TAL The con con the hy dien	17	CERTIS	210. ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		21c HOW INJURY O		ES NO			NO []
4 OF VI	19	CAL C	OR CONTRIBUTING CAUSE OF	F DEATH HOUR	a.m. month p.m.	DAY YEAR 19		JCCORRED	(ENTER NATURE OF IN)	URY IN ITEM 18 PA	ART I OH PART 2)	
NYSION offers de to the bu	wed or	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY TREET, FACTORY OFFI	CE FARM ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
TTENDR pilat or TOR as for use of Health	21 is mo		220.1 certify that (I) (this he saw the deceased alive obove, (I) (we) (did) (did	on Aug	1. 19 19	07	d that in (my) (aur) o	87 opinion deat	to Aug	date and hour	and from the	that [1: {we) lost couses stated
the box of Dieter Chapter The Dieter T	T. P. North		27h SIGNATURE		an		DEGREE ATTEND	DING M	EDICAL STA	AFF	8 -	SIGNED 19-87
HOSPIT nined by Fundither highest	/ PORTA		Dr. Federic		hes		27e ADDRESS		Berlin.		811	
54 541	31	23u E	URIAL, CREMATION, REMOV			R NAME OF C	EMETERY OR CREMA	ATORY 2	13d LOCATION			
6,96899	9		Burial	8-22-8	37	Roxana	Cemetery		Frankford	l Sus	ssex D	elaware
7 6 6HMH - 10 60M	7/84	24. FI	RANDIJECTOR / 1	1/10	CORES .	1) -	00 201	25% DATE RE	D BY REGISTRA	R 254 REGISTI	PAR'S SIGNAT	ORE LAGO

23b. DATE

8/27/87

108 Williams St.

21811

Berlin, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 21811 23c. NAME OF CEMETERY OR CREMATORY Lewes, Sussex, Delaware Delmarva Crematory 250 DATE REC'D, BY REGISTRAR ALL REGISTRAR'S SIGNATURE

IF UNDER I YEAR

126 KIND OF BUSINESS OR

Orchards

(Unknown

DHMH - 16 50M 4/B3 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

W. Kirk Burbage

Cremation

24 FUNERAL DIRECTOR

- STATE

AUG 37 COT C. K.T. P. C.

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DIRECTOR: haspital

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IMPORTANT:

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FUNERAL I

Shoul with

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR 20 DATE OF DEATH . DECEASED NAME FIRST 76 HOUR TYPE OR PRINTE A. July 27, 1987 Edward 7:00A M Mumford 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH male black Oct. 31, 1906 70 BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Md Worcester County WIDOWEDIX DIVORCED [M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bishooville 1 Campbelltown Rd. Rt. farmer farming USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? RIZHODVITTE vorcester Maryland NOT Campbell 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST ALIDDLE William . Mumford Hester Miller ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 220-28-0170 William Mumford, Milton, Delaware 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 1th CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Douglas Bruce 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE (SPECIFY) Buria1 Bishopville. 24 FUNERAL RECTOR

DHMH 16 60M 1/73 (VR A 15 (4))

HOSPITAL

20	1			STATE OF MARYLAND		
	1	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYG	GENE 7 9 A	7 9 1
000010		STATE REGISTRAR		CERTIFICATE OF DEATH	0 / 6 4	1 6
U 6 2 9 1 6 AUG	117	CEASED NAME FIRST	MIDDLE	LASŤ	REG. NO	DAY YEAR 26 HOUR
o me				1.	DATE OF DEATH MONTH	824 1-70 A
d eod		BERTIE	J.	PAYNE	8 6	1250 PM
E d'e	3. SE	х	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 of to		E	C	3 11 1894	93	MONTHS DATS HOURS MIN
Pog dire	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	OFDEATH
4 25 4		COUNTRY	116	MARRIED WEVER MARRIED		
deo deo		aryland	USA	WIDOWED DIVORCED	Worcester	MD
Je k k	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR
5 3 2	Po	comoke	Route #3, Box	144	SchoolTeacher	
1 11 67	USU		OTHER INSTITUTION GIVE RESIDENCE BEFORE			
2 33 7	1	1 a Ryland WO !			13e STREET ADDRESS / ZIP COD	
	14.5	ATHER'S NAME	Totomar	YES NO W	147 3 DOX 149	21851
1 1000	1		MIDDLE	FIRST	WIDDLE	LAST
1 14/15		John F	ranklin Jone	Elizabet	th Ellen	Pruitt
K ed e		VAS DECEASED EVER IN U.S. AR			ADDRESS	#3, Box 144
Pog a	1	no (ir 185 Givi	212-74-	9638 Arthur J.	Payne, Sr. Pocc	THE AND CHAR
the coor		r			Taylor DI . POC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 100	1	PART I. DEATH WAS CAUSED	ly one couse per line for (o), (b), and DBY:	Report		BETWEEN ONSET AND DEATH
		IMMEDIAT	E CAUSE (0) CARDIGE	FIXECO!		
5 4 18.04			DUE TO, OR AS A CONSEQUE			
		Conditions, if ony, which	((b) NATUR	eac Causes		
1/1100		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
3 1 1 1 1 1		underlying couse lost.	(5)	101		
20 1 1 1 20		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIV	/FN (N PART 1/o
Se de de la contraction de la	Z		<u> </u>	EXTENSION RECARDS TO THE TERM	WAL DISEASE ON CONDITION OF	LIA WAT AND THE
O SPEES LEAN, The law requiremental physician is this certificate has been significant permit. Then the buriof-fromes permit. Then the first 18 shows day injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (DEPATION WAS DEDECTIVED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
1 2500	15	THE DATE OF OFERATION	The Condition for which	SPERATION WAS FERNORMED	IN CERTI	YING CAUSES OF DEATH?
20 10 20	E				YES NO YE	
Z 1 0 0 1 0 C		21a. ACCIDENT WAS UNDERLYING	Transaction of the state of the	Y YEAR 216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?}
5 5 19 1	¥	OR CONTRIBUTING CAUSE OF DEA	ALTT	19		
S SE SE SE	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 E	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE FA	RM ETC) STREET	CITY OR TOWN	COUNTY STATE
Mary Mary Mary Mary Mary Mary Mary Mary		AT WORK AT WORK		TUNE 1987	Nest	. 00
Z = 2 3 ± ±			JUNE 25 10 8			19 that (1) (we) lost
The Contract		sow the deceased alive on, above, (1) (wat (did) (did not) view the body ofter deoth.	ond that in (my) least opinion in	death occurred on the date and how	ond from the couses stoted
英名 報子子 3		22b. SIGNATURE	. 1	DEGREE		224 DATE SIGNED
7 7 7 7 7 7		1 rul Ra	Herry	MO ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	8/6/87
65 8 8 4	1	276 PHASICIAN'S NAME ITYPE OF	R PRINT)	22e ADDRESS	<u> </u>	10/0/0
8 5 5 5 5 V		PAUL R	Fleuker	315 Te.	the ST POCOM	· NOCL
01 241 1	-	1 rue 11	- 01 1 1	300 1EV		okeary
	23a. I	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	8/9/87 Fir	st Baptist Cem.	. Pocomoke Wo	rcester Md.
DHMH - 16 60M 7/84	24 €	INERAL DIRECTOR		25e DAT	E REC D. BY REGISTRAR 256 REGIS	RAR'S SIGNATURE
(VRA 15, 4)	5	colls Mels	Pocomoke C	ity, Md. AU	6 1 2 1961 Julia	Dirider Randres
,	-	1000	2220110116			

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, at at

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ϋ́	REGISTRAR		CER	TIFICATE OF DEATH	REG. N	10.				
	DECEASED NAME FIRST	10	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR				
L	Held	20	B. So	nith		0/7/84 12:30 Pm				
3.	Female	4 RACE Whit		POT BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
1	1. BIRTHPLACE (STATE OR FOREIGN		C 6.1	1. 8, 1887	100	YRS				
	Maryland	U S		RIED NEVER MARRIED NEVER MARRIED NORCED	1AIDA	OR COUNTY OF DEATH				
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOM	LE OR OTHER INSTITUTION	120 USUAL OCCUPAT					
	now Hill	Harr		Rest Home	Homemak					
13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COURS WORK)		Snow Hill	13d INSIDE CITY LIMITS? YES X NO	30 Marke					
14	Thomas	WIDDLE	Rich	15 MOTHER'S MAIDEN NA Mary	Nertnev	Rich				
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECURITY NO		ADDR					
L	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	216-46-072	2Ji Emelyn	Rayne 46	Del. Ave. Beyer,				
r	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per	fine for (a), (b), and for			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ı	IMMEDIA									
L	Conditions, if any, which gave rise to immediate									
	cause (a), stating the underlying cause last.	DUE TO, O								
Г	PART 2 OTHER SIGNIFICANT	IDITION GIVEN IN PART I I a								
3	NO CONTRACTOR OF THE CONTRACTO									
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
- 1		2 1011 71115 0	E IN II I I I I	Tal Howen was	YES NO	YES NO				
	OR CONTRIBUTION OF THE CAUSE OF DE		M. MONTH DAY YE	AR THOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7)					
	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P. PLACE		9 211 LOCATION						
1			REET, FACTORY OFFICE, FARM ETC		CITY OR TOWN COUNTY STATE					
	27g L certify that Mithus hosp	ital) attended A	e deceased from	1086	10 8/7	19 87 tha (12 (we) last				
	sow the deceased alive an abave (I) welf did (aid not view the body after death.									
	22b SIGNATURE	220. DATE SIGNED								
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
	27d. PHYSICIAN'S HAME (THE A	AVENCE	140	The ABORESS The set M	ledes Center,	P.O. Box Got, Priver and Mc				
23	Bo. BURIAL, CREMATION, REMOVAL			F CEMETERY OR CREMATORY	23d LOCATION	countryland				
24	FUNERAL RECTOR	8-11-	Makem	ie Presbyter	ian Snow	Hill Worcester				
1	THE WALLES	· C.	Ale/ ADDRESY// A	250. DA	16 1 3 1987	PLANT THE PROPERTY OF THE PROP				

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STATE OF MARYLAND

	FOR STATE REGISTRAR				EALTH AND A	MENTAL HYGI EATH	8	REG. NO	. 2	4	1	23		
2	DECEASED NAME FIRST		MIDDLE		AST		20 DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR		
1	Lula	М.	Smi	th				8	20	87	9:35 A			
1.	SEX	4 RACE		5 DATE C		YEAR	6 AGE (IN)	YEARS LAST BIRT	HDAY)	MONTHS	DAYS	HOURS MIN.		
Ł	Female	Whi		9	11	1898	88		YRS					
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER M	ARRIED -	9 BALTIMO	RE CITY OF	COUNT	TY OF DE	ATH			
	MD		SA	WIDOWE	the same of the sa	ORCED		ceste				WD		
10		Berlin	HOSPITAL, NURSIN HFACTLITY, GIVE STREET Nursing H	iome,		, MD	Shirt	OCCUPATION FOR MOST OF	ory	LIFE) INC	arme	nt nt		
100	AL RESIDENCE (IF NURSING HOME OR IT) (35. COUN WICC	OTHER INSTITUTION ITY	GIVERESIDENCE BEFORE 13. CITY OR TOW Pittsvi	N	13d. IhiciDē CI YES ∰	TY LIMITS?	BOX 2	ADDRESS /	ZIP COL	1850				
Ü	FATHERS NAME William	MIDDLE	Ellis			MAIDEN NAM FIRST NA	NΕ	MIDDLE		Dykes				
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRE						
Ł	No		216-14-2	2951	Robert	L. Smi	th Sr.	., Pit	tsvi	lle,	lle, Maryland			
	PART I. DEATH WAS CAUSE	18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANDER OF DEATH CAUSE (b) CANDER OF DEATH CAUSE (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost (c).													
l	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN													
	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING	196 COND	OITION FOR WHICH OPERATION WAS PERFORMED			RMED					ERE FINDINGS USED IG CAUSES OF DEATH?			
		110	M. MONTH DA	YEAR	216 HOW INJURY OCCURRED 16) fenter nature of injury in item 18 Part			ti I OR PART ?)			
10000	OR CONTRIBUTING CAUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK AT WORK	71e PLACE		INJURY FACTORY, OFFICE FARM, ETC.) ZII LOCATION STREET		N	CITY OR FOWN			(0	COUNTY STATE			
	saw the deceased alive on	27a. I certify that (I) (this hospital emended the deceased from March 9 19 83 10 August 20 19 sow the deceased alive on 19 87 19 and that in (my) (our) opinion death accurred on the date and hour of									7 t	hat (I) (we) last couses stated		
	obove, (1) (See) (did) (did not) view the body after death. 2726 SIGNATURE ATTENDING MED PHYSICIAN DECREE							STAF	F IAN []	22	82	D 87		
1	774. PHYSICIAN'S NAME (TYPE O	R PRINT)			77e ADDRESS									
	Federico G.	Arthes,	MD		3 Bay	St., B	erlin	, MD	2181	1				
73	BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR C	REMATORY	73d LOC	ATION		r Our	T.V.	FTATE		
	Furial	Aug. 24	+, 1987 T	ruitt	Cemete:	ry		ards	Wico	mico	M	laryland		
74	FUNERAL BIRECTOR	150	-	01	111	25a. DATE	REC'D. BY F	REGISTRAR	75b. REGIS	STRAR'S	SIGNATI	JRE		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, if hem 21 is marked or hem

(24)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 DE	CEASED NAME FIRST	MIDDLE	LAST	346	20 DATE OF DEATH	HINOM	DAY YEAR	2b HC	OUR			
(1YP	Essie L. Tow	nsend				08	24 87	7 1	:45 mpn			
3 SE		4. RACE	5 DATE OF BIRTH	100	6 AGE (IN YEARS LAST BI		IF UNDER THE		ER 2J HRS			
	- omalo	Caus	12 27	1895	91		MUNINS DA	15 HOURS	MIN			
	Emale IRTHPLACE (STATE OF FOREIGN	Cauc 76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY C	OR COUNT	Y OF DEATH					
5	COUNTRY)	11 C	MARRIED NEVER	MARRIED								
	Maryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN			Worcest		12b KINI	D OF BUSIN	MD VESS OR			
	ocomoke City	Hartley Hall		lome	Paperh			RY	HULL			
	STATE 115 NURSING HOME OR \$13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	E					
		cester Pocomol	ce YES X	NO 🗌	Rt.1 Box	223	218	5]				
14 F	ATHER'S NAME	MIDDLE LAST	15. MOTHER	'S MAIDEN NA	WE			LAST				
O F	Frank Mariner			Sarah		11a	Mille	r				
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORM		ADDR	ESS Rt	. #2					
	NO IF TES GIV	212-74-9	9886 Mrs.	Helen	Ashley,	Prin	cess	Anne	, Md.			
	18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and	dies			- / /-	BEIWE	OXIMATE INT	ERVAL ND DEATH			
	PART I. DEATH WAS CAUSE	E CAUSE (a) PESCIE	ATOLY A	RRES	7				1			
17	9/2	DUE TO, OR AS A CONSEQUE		L. L. L.	1.00			12.1				
	Canditians, if any, which											
	gave rise to immediate											
	underlying cause last	DUE TO, OR AS A CONSEQUE	IMER'S				7.4					
-	PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of											
Z O	ER											
N E	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	200 AUTOPSY?		S, WERE FIN					
2							CERTIFYING CAUSES OF DEATH?					
CERTIFICAT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW I	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB. PA								
7 P	OR CONTRIBUTING CAUSE OF DEA		Y YEAR									
MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19 211 LOCAT	ION								
WEL		(AT HOME STREET, FACTORY OFFICE F			CITY OR TO)WN	COUNTY		STATE			
7	AT WORK AT WORK			10 84	A.//	, 24			<u> </u>			
1		tal) attended the deceased fram_	7		death accurred on the d		19		(we) last			
7	saw the deceased alive on abave,((1))we)(did)((did no	view the bady after death.	, and that it	(dur) apinian i	death accorred an the a	are and nat						
	226 SIGNATURE		DEGREE	ATTENDING _	MEDICAL _ STA	FF	77c DA	ATE SIGNED	,			
4	Roth	tall	121)	THYSICIAN	DIRECTOR PHYSI	CIAN	81	23 /8	7			
	224 PHYSICIAN'S NAME TTYPE O	R PRINT)	22e ADDRE	- 0	-14							
	ROBER	TALLEN	30:	5 10 -	ST. 10	con	OKE	MD.	2185			
	BURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR	CREMATORY	23d LOCATION	t. 2	COUNTY		STATE			
	Burial	8/27/87 Pe	rryhawkin		Princess	Ann		nerse	et, Md.			
24 E	UNERAL DIRECTOR				E REC'D. BY REGISTRAF	256 REGIS	TRAR'S SIGN	ATURE				
1	Terrier of Winner	Prin	cess Anne	- Watto	למוח לו לו	1 40 8	r	2				

DHMH - 16 60M 7/B (VRA 15, 4)

main' 5/20/05 Common to the contract of the co

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AUG

neral director, page 3 n 72 hours after death

tending physician and recorbandopers. Pages

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior t WPOFIL VI. If them 21 is marked or them 18 shows any in

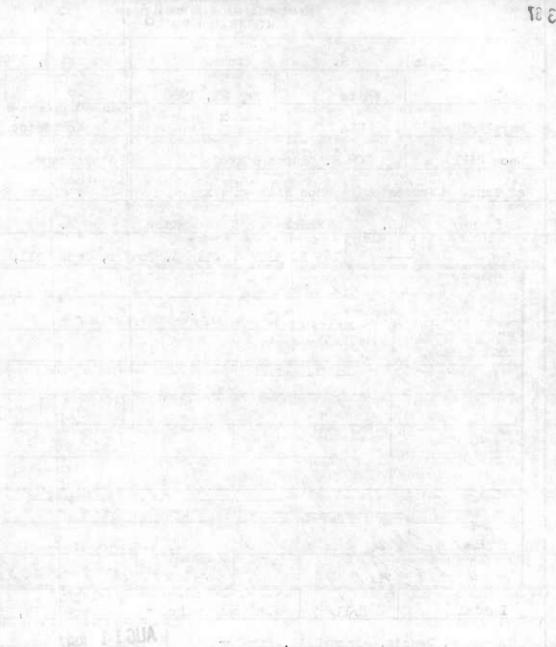
 FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

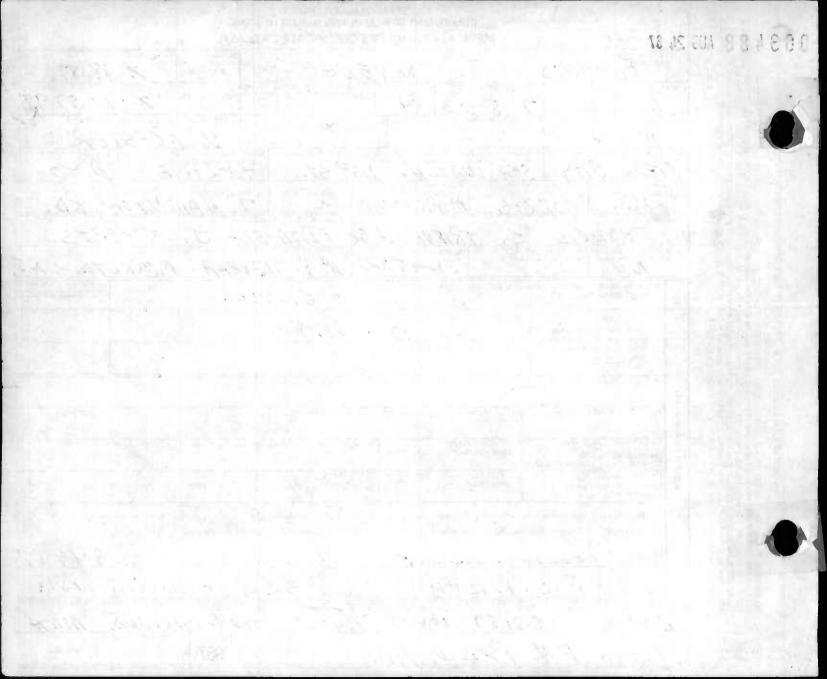
24/2:

REG. NO.

1 DECEASED	NAME FIRST		MIDDLE	ŧ	AST	78 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUI	R	
(TYPE OR PRINT)	Olin		S.	Tr	rader	August 8	3, 1987		10P	A	
3. SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST B		NDER 1 YEAR	IF UNDER		
Male	e	Whit	e	May	21. 1900 YEAR	87	YRS	THS DATS	HOUR5	MIN.	
70. BIRTHPLAC	E (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH			
Mary	land	US.	A	WIDOWE	DIX NEVER MARRIED DIVORCED DI	Worc	ester			IM.	
	OWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINE	SSOR	
Snow	Hill		S. Churc		reet	Storekee		Groc	ery		
USUAL RESIDE	NCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	THE PARTY	19,000	1 2 2		
Maryla		cester	Snow Hi	11	YES X NO	408 S. Ch		/ 21	.863		
H FATHER'S	I AME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	550 E 1 1	145	7		
	idney	L.	Trader		Mary	T.	Hi	.ckman			
	EASED EVER IN U.S. A	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDF	ESS	10 10	-		
NO OR	UNKNOWN) (IF TES, G	VE WAR OR DATES	165 10 5	827	Olin S. Tra	der, Snow	Hill, Ma	laryland			
18. CAU	SE OF DEATH (Enter o	nly ane cause per	line for (o), (b), one	d (c).)			== [] []	BETWEEN	ONSET AND	VAL	
PAR	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Anemia										
	DUE TO OR AS A CONSEQUENCE OF										
Canditi	Conditions, if any, which (b) myleo Dyplastic marone										
gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying couse last										
PART 2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
NO N		SHEW!									
N 190 DAT	E OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				20d AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
TAD DAT						YES NO YES NO					
2 la ACC	IDENT WAS UNDERLYING		FINJURY M. MONTH DA	VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1	OR PART 2)			
OR CONT	RIBUTING CAUSE OF DE	AIH	M. MONTH DA	19							
	URY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR T	CUL	COUNTY		TATE	
WHILE AT WORK	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITYON	DWN	CODINIT	31	AIE	
	270 1 certify that (1) (this haspital) attended the deceased from 1983, to account 8, 1987, that (1) (we) last										
saw	sow the deceased alive an										
	obove, (1) (well-ded) (did not) view the body ofter death. 276. SIGNATURE DEGREE 276. DATE SIGNED										
1-	Physician Policial Staff									-	
22d PHY	SICIAN'S NAME (TYPE	OR PRINTI		-	22e ADDRESS	1	1.	0/1	10.		
PAG	IL RF	1 due	J		305 1042	ST Poco	moke	City			
	REMATION, REMOVA	. 236. DATE	73c N	NAME OF C	EMETERY OR CREMATORY	73d LOCATION		1			
(SPECIFY)	rial	8/-	11/87	Whate	oat Methodist	Snow H		rvlanc	_	TATE	
24 FUNERAL	DIRECTOR	<u> </u>			25e DAT	E REC'D. BY REGISTRA					
NAME	man F. Den	nis. Sr	ADDRESS	Mami	land AU	G11 1007	19 19		ā.		



		1	F	FilmG631 item 2a,c	9/8/87 ria STA	TE OF MARYLAND HEALTH AND MENTAL H	YGIENE	
000	1.00	ALIC .	1 - s	IAIE		IER'S CERTIFICATE O		17.02
0 3	400	AUG	DEC	STRAR EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN NO	ONTH DAY YEAR 26. HOUR
	Mark SE	/	{TYPE	OR PRINT PRANCIS	J. TRE	VENA	OF ESTI-	7-181987 M
	TREE TREE	3	SEX	4. RACE S	DATE OF BIRTH 6. AGE (IN YE MONTH DAY YEAR LAST BIRTHD		24 HRS. 2c. DATE	ONTH DAY YEAR 24 HOUR
-	FEE 5 25			$M \cup \omega$	7-8-03 84.	RS. HOURS	DEAD 8	-19 10817AM
	THE WAY	74		THPLACE (STATE OR FIGURE OUNTRY)	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRI	BALTIMORE CITY OR C	COUNTY OF DEATH
	A STANKE	4		MICH	VSH	WIDOWED DIVORC	- VVV	WORK 112b, KIND OF BUSINESS
	A TOPE	201	D. CIT	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOM (IENOT IN SUCH FACILITY, GIVE STREET ADDRESS)	1, 73	120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OR INDUSTRY
1	Car and	9	ISHA	DESIDENCE US IN MIRSINGHOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	1/3 5/.	TOOLFULE	14010
201	ANY DOUGO		3a. ST		13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ron Roy.
2.2	100	4	14 FA	THER'S NAME	MIDDLE . LAST.	15. MOTHER'S MAIDE	N NAME MIDDLE	Q - QLAST
	A S S S S S S S S S S S S S S S S S S S	18	7	FRANCIS	J. TRAEVEN.	ASR ELIZAL	BETH J. K.	PBERTS
BALTIMORE	AFTER. NE PACH FOR GESWI-	3	lóa W (YE	AS DECEASED EVER IN U.S. ARMI 5, NO, OBJUNION WN) (IF YES, GIVE W	ED FORCES? AR OR DATES) 16b SOCIAL SECURIT 36-05	366 M. V. 7	REVENA - MON	CRISTOWN N.S
					ane cause per line far (a), (b), and (c),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W PRECTON ST	HIN 24 HOU IN ITEM 18 R ALONG V SIT PERMIT.			PART I DEATH WAS CAUSED IMMEDIATE		121 CM	uses.	
101	ALO BE	AL.			DUE TO, OR AS A CONSEQUENCE	OF A T.		
0	VITH CIL I	WOV		Canditians, if any, which gave rise to immediate	(b) 1300	- //1		
3	CCUTED WITHIN S" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT	OR REMOVA		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
5	G" IN G" IN CAL E) BURIX				(c)			
PRINCIPAL OF VITAL BECORDS	E EXECUING" I	CREMATION	z	PART 2 DINER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OK CONDITION GIVEN IN PA	.R1 1 (0).	
DEC.	SHOULD BE E) SRD "PENDING CHIEF MEDIC E USED AS A OF HEALTH	RE W	ATIO	19g. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
	SHOUL RRD "PI CHIEF CHIEF USEC	- /	IFIC.					YES NO
7	ATE SH THE OTHER THE OTHER	TO BURIAL	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA		ED LENTER NATURE OF INJURY IN ITEM 18 PART	T I OR PART 2)
2	CERTIFICATE S FING THE WO SED TO THE 3 SHOULD BE DEPARTMENT		CAL	UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH P.M. 19			
Z Z	HIS CERTI WRITING ARDED T VGE 3 SH	S S	AEDI	216 INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
č	E S S S E	21201 PRIOR	~	AT WORK AT WORK				
	S. P. S.			22s. I certify that I taak charge	of the remains described above, held an	Autapsy , Inspection	on 📈 , Inquiry 🔲 , and in	n my apinian
A	MAINER TIFICAT BE FO ECTOR	ANG		death resulted fram: Natura	I causes 🔼 , Accident 🔲 , S	uicide, Hamicide,	Undetermined manner,	
	WE BERK	MARYLAND,		ACTUAL 2	- 16.00	TITLE (SPECIFY)		DATE 8-1977
	SHO SHO ATH.	E, K		SIGNATURE /	us way	M.D	MEDICAL EXAMINER	SIGNED O
	IO MEDICAL EXAMENTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE	TIMORE, M.		EXAMINER'S NAME F.	S. ARTHES	ADDRESS 3	Bay It Ben	lin 2/8/1
0	EXE PAG FI	A	23a.B	JRIAL, CREMATION, REMOVAL 23	- 41 /1	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
14	YBP Y	1	1		8-21-87 WAITE	CHAILEL	TKOY-OHXLA	RAR'S SIGNATURE
16	DHMM-17 (VII A15 ME (I		24. FI	INERAL DIRECTOR	// ADRESS D	No PAIL		and signature
	30M 7/73	111	11	LLKICH F.A	· INEKLIN, //	70	0 2 1 1901 17	



0 6 3-2 4 1 AUG 20 87 STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	4	7	.3	7
REG. NO.	-	- 1	Gino	1

-0	200	KEOTOTAVA								REG. NO.				
		OP PRINT)	awren	rence Lee			son		20. DATE OF D		,1987	YEAR	25 HOUR 9:50am	
	3.50	Male	4 RAC	lack		5 DATE C	DAY	YEAR . 1920	6 AGE (IN YEAR	LAST BIRTHDAY)		R 1 YEAR	IF UNDER	
1	7a BII	RTHPLACE (STATE OR FOREK	76 CIT	IISA	AT COUNTRY	? 8	NEVER		9 BALTIMORE		UNTY OF DE	ATH		MD
0	Po	TY OR TOWN OF DEATH	(IF	AME OF HOS NOT IN SUCH FAC	CILITY, GIVE STREE	ING HOME C	Home		17a USUAL OC (TYPE OF WORK FO Labo	CUPATION OR MOST OF WORK	126	LICEDIA	Fact	
1	130. 5		COUNTY	1136	RESIDENCE BEFO CITY OR TOV POCOM	WN	13d. INSIDE C	ITY LIMITS?	13e. STREET AD	DRESS E.	6th	St	15	
2	1	Levi W	ilson		LAST		Hat	tie		MIDDLE		LAST		
		WAS DECEASED EVER IN YES, NO OR UNKNOWN) I IF NO	J.S. ARMED FO		50-30	-5019	Lorr:	iane	Wilson	ADDRESS -E.6		•	C OMC	Md.
	ATION	Conditions, if ony, will gove rise to immed couse (o), stoting underlying couse PART 2 OTHER SIGNIFIED TO DATE OF OPERATION	cant condi		A CONSEQU	DEATH BUT	NOT RELATED		IN AL DISEASE C		N GIVEN IN I	46		
7	CERTIFICATION	210. ACCIDENT WAS UNDERLY	7ING 21	216. TIME OF INJURY 21c. HOW INJURY OCCUR!					YES NO					
1	MEDICAL O	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 71d												
	22. 0	Juceph	N. (1	RASS		NAME OF C	145	E Com	123d LOCATH	Sa	lom	4	MYO)
	18	BURIAL, CREMATION, REA SPECIFY) Burial		DATE 8-22-1			zer A	M.E.	Maye	sville	~		, S.	C.
	K	Dith & J.	who	+ Ton	ADDRESS ACCO	omac,	Va.233	103	E REC'D. BY REG		GISTRAR'S	SIGNATI	JRE	

DHMH - 16 50M 7/77 (VR A 15 (4))

Some the control of the property of the second of the seco